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## BIB DATA SHEET

CONFIRMATION NO. 8022

<b>SERIAL NUMBER</b> 10/004,118	<b>FILING or 371(c) DATE</b> 10/30/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> INT 004.10	
<b>APPLICANTS</b> Stanford Mark Moran, Orinda, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/245,883 11/03/2000 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/20/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JEGATHEESAN SEHARASEYON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 64	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Intarcia Therapeutics, Inc. ATTN: Barbara G. McClung 24650 Industrial Blvd Hayward, CA 94545 UNITED STATES					
<b>TITLE</b> METHOD FOR TREATING DISEASES WITH OMEGA INTERFERON					
<b>FILING FEE RECEIVED</b> 2021	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		